

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-536763

FILING DATE

APPLICANT(S)

5/10/11 CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5	1		1		1	
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12		1		1		1
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17		1		1		1
18	1		1		1	
19	1		1		1	
20		1		1		1
21		1		1		1
22		1		1		1
23		1		1		1
24		1		1		1
25		1		1		1
26		1		1		1
27		1		1		1
28		1		1		1
29		1		1		1
30		1		1		2
31		1		1		1
32		1		1		1
33	1		1		1	
34		1		1		1
35		1		1		5
36		1		1		5
37		1		1		1
38		1		1		1
39		1		1		1
40		1		1		1
41		1		1		1
42		1		1		1
43		1		1		1
44		1		1		1
45		1		1		1
46		1		1		1
47		1		1		1
48		1		1		1
49		1		1		1
50		1		1		1
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	129	←		←
TOTAL CLAIMS			134			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		1
52		1		1		1
53		1		1		1
54		1		1		1
55		1		1		1
56		1		1		1
57		1		1		1
58		1		1		1
59		1		1		1
60		1		1		1
61		1		1		1
62		1		1		1
63		1		1		1
64		1		1		1
65		1		1		1
66		1		1		1
67		1		1		1
68		1		1		1
69		1		1		1
70		1		1		1
71		1		1		1
72		1		1		1
73		1		1		1
74		1		1		1
75		1		1		1
76		1		1		1
77		1		1		1
78		1		1		1
79		1		1		1
80		1		1		1
81		1		1		1
82		1		1		1
83		1		1		1
84		1		1		1
85		1		1		1
86		1		1		1
87		1		1		1
88		1		1		1
89		1		1		1
90		1		1		1
91		1		1		1
92		1		1		1
93		1		1		1
94		1		1		1
95		1		1		1
96		1		1		1
97		1		1		1
98		1		1		1
99		1		1		1
100		1		1		1
TOTAL IND.		↓		↓	6	↓
TOTAL DEP.		←		←	223	←
TOTAL CLAIMS					229	